St. John’s CDC

 Where we play and pray together...

 Credit Card Approval Document

I \_\_\_\_\_\_\_\_\_\_\_ authorize St. John’s CDC to charge my credit card for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ tuition in the amount of \_\_\_\_\_\_\_\_.

The above amount will be taken out

* Weekly
* Monthly

Credit Card Information

Name on Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_ CCV Code \_\_\_\_\_\_\_\_

I will not hold St. John’s CDC responsible for any unauthorized charges that may incur.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_